



United States Air Force Academy Claims Office



“Incident to Service” Claims Package

Claims under the Military Personnel and Civilian
Employees’ Claims Act (MPCECA)

**United States Air Force Academy Claims Office – USAFA/JAD
8034 Edgerton Drive, Ste 237; USAF Academy CO 80840
Commercial (719) 333-3645 Fax (719) 333-3011**

WHAT IS AN MPCECA OR INCIDENT TO SERVICE CLAIM?

If you are a military member or civilian employee and have suffered damage to personal property while located at quarters or other authorized places on a military installation (duty location) due to acts of nature, fire, explosion, theft, vandalism, or loss/damage to clothing by the contract laundry, you *may* be eligible for reimbursement through the federal government.

It is crucial to understand that it is your responsibility to prepare the claim and obtain and compile the necessary supporting documentation. This package will assist you in that endeavor and help make this a smooth process.

GENERAL INFORMATION

➤ Claims Office Information

Location: 8034 Edgerton Drive, Suite 237; USAF Academy, CO 80840

Contact Numbers: (719) 333-3645/DSN: 333-3645 Fax: (719) 333-3011

Website: <http://www.usafa.af.mil> (Link to: Superintendent – JA – Claims)

Hours of Operation: 0730-1630 daily

Filing Claim: Monday – By Appointment Only

If outside the local area you may mail your claim to the address above

*Date/sign the claim the date you place it in the mail

- **Time Limitations:** You must file your claim within **2 years** of the date of the loss/damage (*Note: This time limitation may not be extended or waived*)
- **Insurance:** If you have private insurance that covers loss, theft or damage to your personal property (homeowner/renter/automobile) you must file a claim with your private insurance first. When filing with the federal government, bring a copy of your settlement or denial letter. Exception – if the deductible exceeds the cost of repair. In this case ensure you have a copy of your insurance declaration page showing your deductible.
- **Inspections:** Claims Office personnel may wish to inspect items being claimed. As a result, **do not repair or dispose of any damaged item without approval from claims personnel.**
- **Fraudulent Claims:** The submission of a claim that contains information known to be false is a crime. A claim for an item you did not own is illegal. It is also illegal to deliberately falsify purchase prices, dates of purchase and similar information. Suspected fraudulent claims are referred to AFOSI. Verified fraud may be dealt with by prosecution, disciplinary action, and/or denial of your claim.

DOCUMENTS NEEDED TO FILE A CLAIM

***Only need that which is applicable to your claim type*

- ☐ **DD Forms 1842 and 1844**
 - See samples and blank forms attached
- ☐ **Housing Orders** – *if loss occurred at base housing*
- ☐ **Copy of Job/Work Order** – *for repairs to housing*
- ☐ **Copy of Vehicle Title and Registration** – *for vehicle damage*
- ☐ **Copy of Insurance** (w/ declarations page showing deductible amount)
- ☐ **Estimates of Repair – required if**
 - The repair cost exceeds \$50.00 on any item
 - If question as to whether item is repairable or not
 - *Estimate fees may be a reimbursable expense (see example 1844)*
 - **Two estimates required for vehicle damage exceeding \$500.00**
- ☐ **Replacement Cost Substantiation**
 - Must be provided for any item with replacement cost of **\$100.00 or more**
 - Substantiation may consist of:
 - Price quotes from stores (on company letterhead or sales card)
 - Page from magazine/catalogue (provide name and catalogue date)
 - Paid receipt, layaway slip, credit card bill, etc.
 - Quote from Internet source
 - **NOTE:** E-Bay (or auction site) not a permitted source
 - **Note:** *Claims Personnel are directed to use Base Exchange prices if a comparable item is available there at lesser cost – please check the BX prices when providing substantiation.*
- ☐ **Photographs**
- ☐ **Law Enforcement Reports** – *if applicable*
 - Copy of Security Forces report – contact 333-2005 for copy
 - Cadet Wing Theft Report – AFCW 17
- ☐ **Cadet Dry Cleaning Claims Only** – yellow & pink copy of dry-cleaning receipt
- ☐ **Power of Attorney** – *if applicable*
 - *Needed if you are filing a claim on behalf of another*

COMPLETING DD FORM 1842

- **Blocks 1-8:** Complete as appropriate
- **Block 9:** Leave Blank
- **Block 10:** Describe circumstances of loss – address the following issues
 - Date and time of accident/incident
 - Where property was located at the time of loss
 - Describe lost or damaged property
 - How property was damaged/lost (if aware)
 - Time, date, and to whom report made, if any
- **Block 11-15:** Check the appropriate response – “yes or no”
- **Block 16 -17:** Leave Blank – *wait to sign/date until in the presence of Claims personnel*
- **Additional Information:** Include an MFR with the following information (*if known*)
 - Were photographs or diagrams of the scene or damaged property taken
 - Where were you when the loss occurred
 - If damage/theft occurred at quarters, who besides you resides in the quarters
 - Who else has access to your quarters (key, etc)
 - How was entry gained to your quarters or vehicle
 - What type of security devices were in place (locks, alarms, etc)
 - Were your quarters/vehicle secured at the time of loss
 - Were there any known deficiencies to your quarters/vehicle and did you do anything to make anyone aware or correct them
 - Were there any witnesses
 - Did you conduct a search for the lost items
 - For Cadet Dry Cleaning Claims
 - What date did you prepare your clothing to be sent to the dry-cleaners
 - When was your clothing due back
 - When did you file your claim with the dry-cleaners
 - Did you contact the Chief of Cadet Quality Control Division

COMPLETING DD FORM 1844

- See Example 1844 for guidance

NOTE: Please type or write legibly on all forms

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT (See back for Privacy Act Statement and Instructions.)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Smith, Jane		2. BRANCH OF SERVICE USAF	3. RANK OR GRADE C1C	4. SOCIAL SECURITY NUMBER 000-00-0000
5. HOME ADDRESS (Street, City, State and Zip Code) P.O. Box 0000 USAF Academy, CO 80841		6. CURRENT MILITARY DUTY ADDRESS (If applicable) (Street, City, State and Zip Code) CS-00, Sijan Hall, Building 2348, Room 000 USAF Academy, CO 80841		
7. HOME TELEPHONE NO. (Include area code) 719-333-0000		8. DUTY TELEPHONE NO. (Include area code) 333-0000		9. AMOUNT CLAIMED LEAVE BLANK
10. CIRCUMSTANCES OF LOSS OR DAMAGE (Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.) EXAMPLES: (1) On 24 May 20XX I discovered my red 4-door Ford Focus, TX plate XXXXXXXX, had been vandalized. The vehicle had a scratch resembling a key mark running the entire length of the right side. At the time I discovered the damage my vehicle was parked in the lower Sijan parking lot. I parked my vehicle there on 22 May 20XX at approximately 2100 hours. I immediately reported the vandalism to Security Forces and my AOC. (2) On 24 May 20XX at 2200 hours I placed my gold Rolex "Oyeter Perpetual DateJust" watch on my dresser in Sijan Hall Room 000 before bed. I left my watch there the next day when I attended class from 0700-1400. When I returned to my room at 1430 I noticed my watch was gone. My room is shared with X, Y, and Z. We each carry a key to the room. On both 24 and 25 May our room was secured by a locking door. None of my roommates took my watch or know where it is. We noticed the door knob to our room was scratched up later on 25 May when we were searching for the watch. (3) On 24 May 20XX my wife returned home to our base housing at 0830 hours after dropping the kids off at school and noticed the living room floor was flooded. When she left the house at 0730 the floor was dry. We contacted base housing and they said....				
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? (E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)				YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? (If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)				YES NO <input checked="" type="checkbox"/> <input type="checkbox"/>
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? (If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)				YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? (If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)				YES NO <input type="checkbox"/> <input checked="" type="checkbox"/>
16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM: If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind. I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage. I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.				
17. SIGNATURE OF CLAIMANT (or designated agent) LEAVE BLANK - unless you live outside the local area then sign the date of mailing				18. DATE SIGNED (YYYYMMDD) LEAVE BLANK

PART II - CLAIMS APPROVAL (To be completed by Claims Office)

19. PROCEDURE (X one) <input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated: \$	
21. SIGNATURES (Signatures at a and c not required if small claims procedure is utilized)			
a. CLAIMS EXAMINER	b. DATE SIGNED (YYYYMMDD)	c. REVIEWING AUTHORITY	d. DATE SIGNED (YYYYMMDD)
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY	g. DATE SIGNED (YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial) Smith, Jane			3. PICK-UP DATE (YYYYMMDD) INCIDENT		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)									
2. CLAIMANT'S INSURANCE COMPANY (If applicable)			4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR			
a. NAME USAA			b. POLICY NO. XXXXXXX											
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS (Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")	8. INV NO.	9. ORIGINAL COST	10. MM/YYYY PURCHASED	11. AMOUNT CLAIMED a. Repair Cost b. (or) Replacement Cost	15. INVENTORY DATE (YYYYMMDD)	18. EXCEPTION SHEET DATE (YYYYMMDD)	23. GBL NUMBER	24. LOT NUMBER				
							16. EXCEPTIONS	19. INV NO.	20. EXCEPTIONS	25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY
1	1	Red 2002 Ford Focus, 4 door sedan 1/4" scratch along entire passenger side		170000	Jul2002	1530.00								
2	1	Sony in-dash CD/DVD 6 disc changer MISSING		500.00	Dec2002	450.00								
3	6	Six hardback textbooks		300.00		300.00								
4	1	Dockers Trousers MISSING		35.00		29.99								
5	1	6' x 15' Rectangular Rug (multi color) Water Damage		150.00		215.00								
6	1	8' Pine Bookcase Water Damage		125.00		115.00								
7	1	Estimate of Repair NON+REPAIRABLE				45.00								
12. REMARKS			13. TOTAL		\$	2684.99			30. TOTAL AMOUNT ALLOWED	\$		31. THIRD PARTY LIABILITY	\$	\$

CLAIM FOR LOSS OF OR DAMAGE TO PERSONAL PROPERTY INCIDENT TO SERVICE

PART I - TO BE COMPLETED BY CLAIMANT *(See back for Privacy Act Statement and Instructions.)*

1. NAME OF CLAIMANT <i>(Last, First, Middle Initial)</i>	2. BRANCH OF SERVICE	3. RANK OR GRADE	4. SOCIAL SECURITY NUMBER
5. HOME ADDRESS <i>(Street, City, State and Zip Code)</i>		6. CURRENT MILITARY DUTY ADDRESS <i>(If applicable) (Street, City, State and Zip Code)</i>	
7. HOME TELEPHONE NO. <i>(Include area code)</i>	8. DUTY TELEPHONE NO. <i>(Include area code)</i>	9. AMOUNT CLAIMED	
10. CIRCUMSTANCES OF LOSS OR DAMAGE <i>(Explain in detail. Include date, place, and all relevant facts. Use additional sheets if necessary.)</i>			
11. DID YOU HAVE PRIVATE INSURANCE COVERING YOUR PROPERTY? <i>(E.g., say "Yes" on a shipment or quarters claim if you had transit, renter's or homeowner's insurance; say "Yes" on a vehicle claim if you had vehicle insurance. Attach a copy of your policy.)</i>			YES NO
12. HAVE YOU MADE A CLAIM AGAINST YOUR PRIVATE INSURER? <i>(If "Yes," attach a copy of your correspondence. If you have insurance covering your loss, you must submit a demand before you submit a claim against the Government.)</i>			
13. HAS A CARRIER OR WAREHOUSE FIRM INVOLVED PAID YOU OR REPAIRED ANY OF YOUR PROPERTY? <i>(If "Yes," attach a copy of your correspondence with the carrier or warehouse firm.)</i>			
14. DID ANY OF THE CLAIMED ITEMS BELONG TO THE GOVERNMENT OR TO SOMEONE OTHER THAN YOU OR YOUR FAMILY MEMBER? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>			
15. WERE ANY OF THE CLAIMED ITEMS ACQUIRED OR HELD FOR SALE, OR ACQUIRED OR USED IN A PRIVATE PROFESSION OR BUSINESS? <i>(If "Yes," indicate this on your "List of Property and Claims Analysis Chart," DD Form 1844.)</i>			
<p>16. UNDER PENALTY OF LAW, I DECLARE THE FOLLOWING AS PART OF SUBMITTING MY CLAIM:</p> <p>If any missing items for which I am claiming are recovered, I will notify the office paying this claim. (For shipment claims.) Missing items were packed by the carrier; they were owned prior to shipment but not delivered at destination; after my property was packed, I/my agent checked all rooms in my dwelling to make sure nothing was left behind.</p> <p>I assign to the United States any right or interest I have against a carrier, insurer, or other person for the incident for which I am claiming; I authorize my insurance company to release information concerning my insurance coverage.</p> <p>I authorize the United States to withhold from my pay or accounts for any payments made to me by a carrier, insurer, or other person to the extent I am paid on this claim, and for any payment made on this claim in reliance on information which is determined to be incorrect or untrue. I have not made any other claim against the United States for the incident for which I am claiming. I understand that if any information I provide as part of my claim is false, I can be prosecuted.</p>			
17. SIGNATURE OF CLAIMANT <i>(or designated agent)</i>			18. DATE SIGNED <i>(YYYYMMDD)</i>

PART II - CLAIMS APPROVAL *(To be completed by Claims Office)*

19. PROCEDURE <i>(X one)</i>	20. AMOUNT AWARDED. The claim is cognizable and meritorious under 31 U.S.C. 3721; the claimant is a proper claimant; the property is reasonable and useful; the loss has been verified in accordance with applicable procedures as prescribed by the controlling departmental regulation; and the following award is substantiated:	\$
<input type="checkbox"/> a. SMALL CLAIMS <input type="checkbox"/> b. REGULAR CLAIMS		
21. SIGNATURES <i>(Signatures at a and c not required if small claims procedure is utilized)</i>		
a. CLAIMS EXAMINER	b. DATE SIGNED <i>(YYYYMMDD)</i>	c. REVIEWING AUTHORITY
d. DATE SIGNED <i>(YYYYMMDD)</i>		
e. TYPED NAME AND GRADE OF APPROVING AUTHORITY		f. SIGNATURE OF APPROVING AUTHORITY
		g. DATE SIGNED <i>(YYYYMMDD)</i>

PRIVACY ACT STATEMENT

AUTHORITY: 31 U.S.C. 3721, and EO 9397, November 1943 (SSN).

PRINCIPAL PURPOSE(S): Filing, investigation, processing and settlement of claims for losses incident to service.

ROUTINE USES:

a. Information is principally used to provide a legal basis for the administrative payment of claims against the Government. Information is also used in connection with:

- (1) Recovery from common carriers, warehouse firms, insurers and other third parties.
- (2) Collection from claimants of improper payments or overpayments.
- (3) Investigation of possible fraudulent claims.
- (4) Possible criminal prosecution by the Department of Justice or other agencies if fraud is established.

b. Social Security Numbers are used to assure correct identification of claimants in order to assure payment to the proper claimant and avoid duplication of claims.

DISCLOSURE: Voluntary; however, failure to supply information will cause delay in settlement and may result in denial of a portion or all of the claim.

INSTRUCTIONS TO CLAIMANTS

1. You must submit your claim in writing within two years of the date of the incident giving rise to the claim. This two year time limitation may not be waived.

2. The claimant or an authorized agent must complete and sign Part I of this form, answering all questions. If the claim is signed by an agent (*such as a spouse*) or a survivor of a deceased proper claimant, that person must have a document showing his or her authority to present the claim, such as a power of attorney, etc.

3. If the claim is for property lost or damaged while being shipped or stored pursuant to travel orders, submit copies of your orders and all shipping documents, including your inventory and your "Joint Statement of Loss or Damage at Delivery/Notice of Loss or Damage," DD Forms 1840/1840R. If you notice damage after delivery, you must complete the DD Form 1840R and get it to the Claims Office within 70 days after delivery.

4. You may obtain further information from a Claims Office.

5. You are entitled to claim the following:

a. Reasonable local repair cost, if an item can be economically repaired. (*You may claim small amounts without an estimate. Otherwise, submit an estimate of repair from a repair firm or, if repairs have been completed, your receipt. The claims office may waive this in appropriate cases.*)

b. Reasonable local replacement cost if an item is missing, destroyed, or not economic to repair. (*Replacement costs may be obtained from commercial catalogs or a military exchange. If you cannot find the item in a catalog or the exchange and the cost is more than \$100.00, obtain a statement from a commercial firm for the cost of a similar item. If you have purchase receipts, bring these to the Claims Office as well.*)

c. Reasonable cost of obtaining local estimates of repair, if the cost of such estimates will not be credited if repair work is done. (*Normally, you may not claim appraisal fees.*)

PART III - DENIAL OR SUPPLEMENTAL PAYMENT (To be completed by Claims Office)

23. DENIAL (*X if applicable*)

The claim is not cognizable or meritorious under 31 U.S.C. 3721 and the applicable provisions of the controlling departmental regulation, and is denied.

24. SUPPLEMENTAL PAYMENT (*X and complete if applicable*)

The claim is cognizable and meritorious under 31 U.S.C. 3721, and the following additional award is substantiated:

\$

25. SIGNATURES

a. CLAIMS EXAMINER

b. DATE SIGNED
(YYYYMMDD)

c. REVIEWING AUTHORITY

d. DATE SIGNED
(YYYYMMDD)

26. APPROVING/SETTLEMENT AUTHORITY (*Settlement Authority is required for denial.*)

a. TYPED NAME

b. GRADE

b. SIGNATURE

c. DATE SIGNED
(YYYYMMDD)

1. NAME OF CLAIMANT (Last, First, Middle Initial)				3. PICK UP DATE (YYYYMMDD)		LIST OF PROPERTY AND CLAIMS ANALYSIS CHART (Items 14 through 31 to be filled out by Claims Office)															
2. CLAIMANT'S INSURANCE COMPANY (If applicable)				4. DELIVERY DATE (YYYYMMDD)		14. ORIGIN CONTRACTOR		17. 2ND CONTRACTOR		21. CLAIM NUMBER		22. NET WT/MAX CAR									
a. NAME		b. POLICY NO.																			
5. LINE NO.	6. QTY	7. LOST OR DAMAGED ITEMS <i>(Describe the item fully, including brand name, model and size. List the nature and extent of damage. If missing, state "MISSING.")</i>		8. INV NO.	9. ORIGINAL COST	11. AMOUNT CLAIMED a. Repair Cost b. Replacement Cost		15. INVENTORY DATE (YYYYMMDD)		18. EXCEPTION SHEET DATE (YYYYMMDD)		23. GBL NUMBER		24. LOT NUMBER							
					10. MM/YYYY PURCHASED			16. EXCEPTIONS		19. INV NO.		20. EXCEPTIONS		25. AMOUNT ALLOWED	26. ADJUDICATOR'S REMARKS	27. ITEM WT	28. HOUSE LIABILITY	29. CARRIER LIABILITY			
12. REMARKS				13. TOTAL		\$						30. TOTAL AMOUNT ALLOWED		\$		31. THIRD PARTY LIABILITY		\$		\$	